

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/716309

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	Cancel					
2		Ø				
3		Ø				
4		Ø				
5		Ø				
6			invalid			
7		Ø				
8		Ø				
9	Cancel					
10		Ø				
11		Ø				
12		Ø				
13		Ø				
14	Cancel					
15		Ø				
16		Ø				
17	Cancel					
18		Ø				
19		Ø				
20		Ø				
21		Ø				
22		Ø				
23	CANCEL					
24		Ø				
25		Ø				
26		Ø				
27		Ø				
28	1					
29	1					
30	1					
31	1					
32						
33						
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47						
48						
49						
50						
TOTAL IND.	44	↓		↓		↓
TOTAL DEP.	18	↓		↓		↓
TOTAL CLAIMS	23					

22

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						